



EMPLOYMENT VERIFICATION FORM

ATTENTION! The completed form must bear an original ink signature. Photocopies and faxed copies of the completed form are not acceptable.

FORM TO BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT

Employee's Name: _____

Date of Hire: _____ Position Title: _____ Monthly Salary: _____

Employment Status: F/T ☐ P/T ☐ Average weekly hours worked: _____

Employer: _____ Employee's Supervisor: _____

Title: _____ Telephone Number: _____

Employer's Address: _____

City _____ State _____ Zip Code _____

County _____

Additional Comments:

This form was completed by:

Name (Please Print) _____ Title _____

Signature _____ Date _____

Phone Number () _____